

SUPPLEMENTARY INFORMATION ABOUT YOUR "INTENT TO DONATE"

Please include the following information, if possible, with the "Declaration of Intent" form to be returned to the State Anatomical Program. This information will be helpful in expediting the completion of the death certificate and will facilitate prompt removal of the body.

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Nationality: _____ Social Security Number: _____

Have you ever served in the U. S. Armed Forces?: _____

Mother's Full Maiden Name: _____ Father's Full Name: _____

Your Marital Status: _____ Your Spouse's Name: _____

Usual or Last Occupation: _____ Type of Business: _____
(List kind of work done during life, even if retired)

Highest Level of Education: Grade School: _____ College: _____
(K-12) (# of years)

Physicians Name: _____

Address: _____

Telephone Number: _____

Closest Next of Kin Name: _____

Address: _____

Telephone Number: _____

This information has been provided by:

() Donor () Other: _____

Address: _____

: _____

Telephone Number: _____

DONATION SUBJECT TO THE ANATOMICAL ACCEPTABILITY OF THE BODY